

COUNTY OF LOS ANGELES  
**SHERIFF'S DEPARTMENT**

DATE: April 13, 2000

OFFICE CORRESPONDENCE

FILE:

FROM: MICHAEL E. SODERBERG, COMMANDER TO: MICHAEL G. SAVIDAN, CAPTAIN  
COMMANDER OF THE DEPARTMENT TWIN TOWERS CUSTODY FACILITY

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS  
USE OF FORCE / INMATE DEATH, JUNE 17, 1999, IAB REVIEW #1258631**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the inmate death which occurred on June 17, 1999.

The committee met on April 12, 2000 and consisted of myself and Commanders Jay Sowards (Commander of the Department) and William Mangan (Correctional Services Division). The Committee determined that the use of force by Senior Deputy Dennis Walsh # [REDACTED] Custody Assistant Joseph Luther # [REDACTED] and Deputies Karen Covey # [REDACTED] Arthur Gutierrez # [REDACTED] Daniel Estrella # [REDACTED] Richard Gomez # [REDACTED] Maria Rivera # [REDACTED] Julie Burg # [REDACTED] Frank Pinedo # [REDACTED] Shelly Jones # [REDACTED] and [REDACTED] # [REDACTED] was within Department Policy. Please advise these personnel of this finding.

The Committee recommended that the Unit Commander commend the involved personnel for their lifesaving efforts.

MES:KRK:kk

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Exhibits:

**A-** Homicide Case Book

**B-** Photographs

## INCIDENT SUMMARY

On Thursday, June 17, 1999, at approximately 1000 hours, Lt. Karyn Mannis and Sergeants Clay Porlier and Ruth Nelson of Internal Affairs Bureau responded to Twin Towers Medical Services Building regarding an inmate death. Detectives Frank Salerno and Mary Bice from Homicide Bureau handled the investigation. The summary that follows is based on interviews with the involved deputies, medical staff and inmates housed near the incident, as well as written documentation including the Coroner's Autopsy Report.

### DECEDENT:

- Jose Manuel Hurtado, #6090838
- MH/12-06-61      5'11" / 213lbs
- Arrested 06/15/99 for 243(e)(1)PC (Battery on Spouse or Co-Habitant)
- Convicted 06/16/99, sentenced to 10 days incarceration
- Transferred 06/17/99 to Twin Towers Medical Services Building for apparent Post Alcohol Syndrom
- No history of psychiatric problems or drug abuse, however decedent consumed on a daily basis two forty-ounce bottles of beer
- Past criminal history [REDACTED]

On June 17, 1999 at approximately 0830 hours, Dr. Greene went to cell M3129 to see Inmate Hurtado to conduct a physical examination, a standard procedure for new admissions. Dr. Greene entered Inmate Hurtado's cell and explained what he needed to do. Inmate Hurtado became somewhat hostile, and Dr. Greene exited the cell, seeking back-up from a deputy. With the assistance of Deputy Covey, Dr. Greene was able to re-enter the cell but could only manage a visual examination of Inmate Hurtado due to his hostility. Dr. Greene was able to learn that Inmate Hurtado regularly consumed two forty-ounce bottles of beer on a daily basis. He could also see that Inmate Hurtado was tremulous, indicative of Post Alcohol Syndrom. Since Inmate Hurtado was being uncooperative and refusing a proper examination, Dr. Greene left to tend to other inmates.

After Dr. Greene left, Deputy Covey checked again on Inmate Hurtado. She found him to be acting oddly and in addition, she noticed he was holding a metal object in a towel. Deputy Covey ordered Inmate Hurtado to give her the object. Inmate Hurtado complied. Deputy Covey then notified Dr. Greene and Nurse Baker about Inmate Hurtado's behavior and suggested he be moved to M3120, a cell near the nurses station where he could be observed more closely. Dr. Greene agreed and Deputy Covey went to tell Inmate Hurtado to gather his things in preparation of moving to another cell. Inmate Hurtado at first refused to be moved, but then agreed to be moved if Deputy Covey would allow him to say good-bye to his "friends." Deputy Covey agreed and moved away from the cell, out of Inmate Hurtado's view. (Inmate Hurtado was housed alone. It is not unusual for individuals suffering from Post Alcohol Syndrom to hallucinate.) Because of Inmate Hurtado's odd behavior, Deputy Covey was joined by Deputy Gutierrez

and Custody Assistant Boersma. Suddenly, while standing outside the cell, they heard loud banging coming from inside. They looked inside the cell and saw Inmate Hurtado kneeling down and slamming his forehead with great force into the corner of a metal sink. Dr. Greene and others arrived and also witnessed Inmate Hurtado inflicting injury upon himself, sending sprays of blood throughout the cell.

Deputy Gutierrez put out a radio call for assistance and then, fearing for Inmate Hurtado's safety, entered the cell. Deputy Gutierrez tried commanding Inmate Hurtado to stop but to no avail. He then grabbed hold of Inmate Hurtado's right arm. Inmate Hurtado immediately began to stiffen up as if resisting. Deputy Gutierrez, along with Deputy Covey, guided Inmate Hurtado out of the cell and onto the floor. Inmate Hurtado was now swinging his arms and legs wildly and yelling incoherently. Sergeant Gracia and several other deputies had now arrived. It took numerous deputies to pin Inmate Hurtado down so that he could be safely subdued. While this was occurring, Custody Assistant Boersma returned with a video recorder and began taping the incident. However, the battery quickly died and a replacement battery had to be retrieved. Deputy Gomez inserted the new battery and took over the taping of the incident. (He estimates the time gap in the tape to be no more than three minutes.)

Deputies Covey and Gutierrez were able to handcuff Inmate Hurtado. His legs were then hobbled by Deputy Covey and Deputy Gomez. Inmate Hurtado was then rolled onto his left side and lifted onto a gurney and moved to M3120 where he was to be placed in four point restraints per Dr. Greene's order. Because of his hostile behavior which precluded an examination of his injuries, Dr. Barracks ordered Inmate Hurtado injected with 50mg of Librium. This was accomplished by Nurse Richardson.

Once inside M3120, Inmate Hurtado was lifted off the gurney and onto the bed. Deputies removed the hobble from around his feet and placed his legs into restraints. With Inmate Hurtado in a sitting position, Senior Deputy Walsh along with Deputies Estrella and [REDACTED] removed the handcuff from his right wrist and placed his right arm in a restraint. As they were attempting to restrain his left arm, Inmate Hurtado broke the right restraint and attempted to get up from the bed. The deputies were able to restrain Inmate Hurtado long enough to apply another restraint to his right arm. Because he was bleeding profusely from his head and they were not yet able to place a bandage on his wounds, a sheet was placed over his head to prevent blood from being splattered on personnel as well as help in applying pressure to his wounds.

The deputies were just about to complete the restraining of Inmate Hurtado's left arm when they noticed he suddenly went limp. They quickly removed the sheet from his head and found Inmate Hurtado was no longer breathing. Senior Deputy Walsh began CPR as Deputy Covey obtained an "ambu-bag." At the same time a request was made for paramedics. Inmate Hurtado was not receiving any air so Dr. Barracks checked his throat for an obstruction, then inserted a hard airway tube. In approximately five minutes, L.A. City Paramedics arrived and took over life saving measures. Inmate Hurtado was transported to U.S.C./L.C.M.C. Emergency Room where he was pronounced dead by Dr. Chovosi at 0933 hours.

An autopsy performed on 06/22/99 attributed the cause of death to cardiac hypertrophy (enlargement of the heart) and restraint for probable alcohol withdrawal syndrome. No drugs or alcohol were found in his

system and according to Dr. Gutstadt, Medical Examiner, the two 50 mg doses of Librium given within a three hour period would not have been a factor. Other conditions contributing but not related to the immediate cause of death were fatty cirrhosis of the liver and obesity.

In none of the interviews with deputies, medical staff or inmates was it ever alleged that deputies used unnecessary or excessive force. Following the incident, inmates housed near Inmate Hurtado were interviewed. Inmate [REDACTED] stated he heard another inmate ask to use the telephone. When deputies ignored him, the inmate became hysterical. Shortly afterward he heard someone say, "He's banging his head, he's banging his head." Inmate [REDACTED] felt the incident could have been avoided had deputies let the inmate use the telephone. It was felt by deputies and medical staff that Inmate Hurtado was exhibiting unusual strength and that the force used to subdue him was only that which kept him from injuring himself further and allowed them to place him into restraints.

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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Incident Information							
URN: 099-02340-5800-499				Date: 06/17/99		Time: 0837	
Location: Twin Towers Medical Services Building, Ward 331							
City or Station: Los Angeles							
Bureau/Station/Facility: Twin Towers Correctional Facility						Admin. Invest.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Employee Witnesses							
Employee #	Last Name	First Name			M.I.		
	Gracia	Ruben			A		
Employee #	Last Name	First Name			M.I.		
	Boersma	Terri			J.		
Employee #	Last Name	First Name			M.I.		
	Futalan	Josefa			Y.		
Non-Employee Witnesses							
Last Name		First Name			M.I.	Age	D.O.B.
						26	
Street Address		City	Zip Code		Work Ph	Home Ph	
						Unk	
Last Name		First Name			M.I.	Age	D.O.B.
						36	
Street Address		City	Zip Code		Work Ph	Home Ph	
Last Name		First Name			M.I.	Age	D.O.B.
Street Address		City	Zip Code		Work Ph	Home Ph	
On Duty Supervisor							
Employee #	Last Name	First Name	M.I.	Rank	Present	Witness to Incident	
	Gracia	Ruben	A	Sgt	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Employee #	Last Name	First Name	M.I.	Rank	Present	Witness to Incident	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Watch Sergeant							
Employee #	Last Name	First Name			M.I.		
	Duron	Gilbert			E		
Watch Commander							
Employee #	Last Name	First Name			M.I.		
	Lamothe	Benjamin			N		
Watch Commander's Suspect Interview							
Date:		Time:		Audio / Videotape: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Watch Commander's Signature: \_\_\_\_\_

Copy Provided to Employee by: \_\_\_\_\_

Supervisor Completing Form: \_\_\_\_\_ Emp #: \_\_\_\_\_  
(Print)

Unit Commanders Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PSTD Use Only	
FO#	1258631

See Reverse

Original: Unit Commander  
CC: P.S.T.D. Headquarters,  
Employee

# Supervisor's Report on Use of Force

URN

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## Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

## Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

## Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

## FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)
S1	E1	RS	NN	
S1	E2	RS	NN	
S1	E3	RS	NN	
S1	E4	RS	NN	
S1	E5	RS	NN	
S1	E6	RS	NN	
S1	E7	RS	NN	
S1	E8	RS	NN	
S1	E9	RS	NN	
S1	E10	RS	NN	
S1	E11	RS	NN	
E1	S1	HB	NN	
E2	S1	RH	NN	
E3	S1	RS	NN	
E4	S1	RS	NN	
E5	S1	RS	NN	
E6	S1	RS	NN	
E7	S1	RS	NN	
E8	S1	RS	NN	
E9	S1	RS	NN	
E10	S1	CT	NN	
E11	S1	RS	NN	



# Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

URN: 099-02340-5800-499

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## Involved Employee

<b>E1</b>	Employee #	Last Name	First Name	M.I.
		Covey	Karen	M
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: White	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 331 F
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 506 Weight: 125
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>
<b>E2</b>	Employee #	Last Name	First Name	M.I.
		Gutierrez	Arthur	NMN
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: Hispanic	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 331 A
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 603 Weight: 265
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>
<b>E3</b>	Employee #	Last Name	First Name	M.I.
		Estrella	Daniel	S
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: Hispanic	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 342 F/2
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 600 Weight: 190
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>
<b>E4</b>	Employee #	Last Name	First Name	M.I.
		Gomez	Richard	A
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: Hispanic	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 342 A/2
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: 31	Height: 600 Weight: 200
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>
<b>E5</b>	Employee #	Last Name	First Name	M.I.
		Rivera	Maria	C
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: Hispanic	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 320 F/1
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 501 Weight: 115
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>
<b>E6</b>	Employee #	Last Name	First Name	M.I.
		Burg	Julie	NMN
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: Hispanic	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 332 A
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 504 Weight: 115
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>



# Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

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## Involved Employee

<b>E7</b>	Employee #	Last Name Pinedo	First Name Frank	M.I. L
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: Hispanic	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): Medical Liaison Deputy
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <span style="background-color: black; color: black;">[REDACTED]</span> Height: 509 Weight: 190
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>

  

<b>E8</b>	Employee #	Last Name Jones	First Name Shelly	M.I. L
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: White	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 332 F
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <span style="background-color: black; color: black;">[REDACTED]</span> Height: 507 Weight: 140
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>

  

<b>E9</b>	Employee #	Last Name	First Name	M.I.
Sex:		Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift:		Age:		Height:
		Weight:		Directed Force
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				<input type="checkbox"/>

  

<b>E10</b>	Employee #	Last Name Walsh	First Name Dennis	M.I. J
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: White	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): MSB Sr.
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <span style="background-color: black; color: black;">[REDACTED]</span> Height: 509 Weight: 180
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>

  

<b>E11</b>	Employee #	Last Name Luther	First Name Joseph	M.I. A.
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: White	Unit of Assignment: Twin Towers Correctional Facility	Work Assignment (Unit #, Module, etc.): 340 A
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <span style="background-color: black; color: black;">[REDACTED]</span> Height: 601 Weight: 200
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>

  

<b>E</b>	Employee #	Last Name	First Name	M.I.
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <span style="background-color: black; color: black;">[REDACTED]</span> Height: <span style="background-color: black; color: black;">[REDACTED]</span> Weight: <span style="background-color: black; color: black;">[REDACTED]</span>
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____				Directed Force <input type="checkbox"/>

# Supervisor's Report on Use of Force SUSPECT INFORMATION

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## Suspect Information

<b>S1</b>	Last Name		Hurtado		First Name		Jose		M.I. M	
	AKA Last Name		None		First Name		M.I.			
Sex:		Race:		Street Address:		City:		State & Zip Code:		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Hispanic		[REDACTED]		[REDACTED]		[REDACTED]		
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Armed?
		[REDACTED]		37		5'11"		12/06/61		<input type="checkbox"/>
Booking #:		Primary Charge:		243(e)(1) PC		Secondary Charge:				
Hospital Admission <input checked="" type="checkbox"/>		Name of Hospital: Twin Towers Correctional Facility								
Intoxication/Drug Usage:						Photos of Suspect's Injuries <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Type										
<b>S</b>	Last Name				First Name				M.I.	
	AKA Last Name				First Name		M.I.			
Sex:		Race:		Street Address:		City:		State & Zip Code:		
<input type="checkbox"/> Male <input type="checkbox"/> Female										
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Armed?
										<input type="checkbox"/>
Booking #:		Primary Charge:		Secondary Charge:						
Hospital Admission <input type="checkbox"/>		Name of Hospital:								
Intoxication/Drug Usage:						Photos of Suspect's Injuries <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> YES <input type="checkbox"/> NO Type										
<b>S</b>	Last Name				First Name				M.I.	
	AKA Last Name				First Name		M.I.			
Sex:		Race:		Street Address:		City:		State & Zip Code:		
<input type="checkbox"/> Male <input type="checkbox"/> Female										
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Armed?
										<input type="checkbox"/>
Booking #:		Primary Charge:		Secondary Charge:						
Hospital Admission <input type="checkbox"/>		Name of Hospital:								
Intoxication/Drug Usage:						Photos of Suspect's Injuries <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> YES <input type="checkbox"/> NO Type										
<b>S</b>	Last Name				First Name				M.I.	
	AKA Last Name				First Name		M.I.			
Sex:		Race:		Street Address:		City:		State & Zip Code:		
<input type="checkbox"/> Male <input type="checkbox"/> Female										
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Armed?
										<input type="checkbox"/>
Booking #:		Primary Charge:		Secondary Charge:						
Hospital Admission <input type="checkbox"/>		Name of Hospital:								
Intoxication/Drug Usage:						Photos of Suspect's Injuries <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> YES <input type="checkbox"/> NO Type										

URN: 099-02340-5800-499

## Non-Employee Witnesses (Continuation)

[illegible]